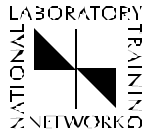


SPONSORING ORGANIZATIONS



National Laboratory Training Network

A training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).

Ph: 312-793-3306

Fax: 312-793-3304

E-mail: mwoffice@nltn.org

<http://www.nltn.org>

Oklahoma State Department of Health Public Health Laboratory Services

Oklahoma, City, OK

John Murray

State Training Coordinator

Ph: 405-271-9444 x 57706

E-mail: johnfm@health.state.ok.us

URL:

<http://www.health.state.ok.us>

Bureau of Laboratories Texas Department of Health

1100 West 49th St., Austin, TX 78756

Jim Harris, Ph.D.

Training Coordinator

Ph: 512-458-7566

Fax: 512-458-7697

E-mail: Jim.Harris@tdh.state.tx.us

<http://www.tdh.state.tx.us/lab/>

University of Iowa Hygienic Laboratory

Oakdale Research Campus, Iowa City, IA

ph 319-335-4500 or 800-421-IOWA

Beth Hochstedler, B.S.

Training Coordinator

E-mail: beth-hochstedler@uiowa.edu

Mary Demartino

E-mail: mary-demartino@uiowa.edu

<http://www.uhl.uiowa.edu>

WORKSHOP SITES

March 30, 2004 (MW2704)

Rose State College

6420 SE 15th St

Midwest City, Oklahoma

April 1, 2004 (MW2804)

STD/HIV Prevention Training Center

2377 North Stemmons Freeway

Dallas, TX

April 20, 2004 (MW3004)

Oakdale Hall Auditorium

102 Oakdale Campus, H101

Iowa City, IA

May 12, 2004 (MW3404)

Dept. of Health and Human Services

8000 Stadium Drive

Houston, TX

LOOKING FOR ADDITIONAL DATES OR PLACES?

NLTN will be sponsoring this workshop
at the following state meetings:

NSCLS-CLMA-ASCP April 14, 2004

Omaha, Nebraska

Contact: Roxanne Alter 402-559-8828

E-mail: ralter@unmc.edu

NDSCLS April 22, 2004

Bismarck, North Dakota

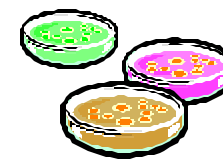
Contact: Jan Trythall 701-328-5262

KSCLS April 28, 2004

Manhattan, KS

Contact: Ruth Abbott 785-776-2882

Important Considerations for the Detection and Reporting of Antibacterial Resistance



March 30, 2004
Midwest City, Oklahoma

April 1, 2004
Dallas, Texas

April 20, 2004
Iowa City, Iowa

May 12, 2004
Houston, Texas

Sponsored by

National Laboratory Training Network

Bureau of Laboratories
Texas Department of Health

University of Iowa Hygienic Laboratory

Oklahoma State Department of Health
Public Health Laboratory Services

PROGRAM

Join your clinical microbiology colleagues and speaker Janet Hindler, MCLS, MT(ASCP), F(AAM), for an in-depth look at the NCCLS antimicrobial susceptibility testing (AST) recommendations from a “bench” level perspective. If you participated in the January 2004 NLTN teleconference and want to learn more, don’t miss this workshop!

The program will focus on issues relating to the appropriate organisms and drugs to test and which drugs to report. Additionally, Ms. Hindler will present a strategy for handling bacteria not addressed in the NCCLS standards, and suggestions for ways to identify and verify “weird” AST results generated on patient isolates. Effective reporting of results will be emphasized, so that physicians can utilize the results appropriately to improve patient outcomes. Throughout the workshop, case studies will be presented to illustrate contemporary resistance concerns and laboratory testing and reporting issues. A comprehensive handout will be provided.

This intermediate-level program is appropriate for laboratory testing personnel in clinical, reference and public health laboratories.

OBJECTIVES

At the conclusion of this workshop, participants will be able to:

- Explain how to implement current NCCLS antimicrobial susceptibility testing and reporting recommendations.
- Summarize practical strategies for handling AST of bacteria not addressed in the NCCLS standards.
- Discuss steps that can be taken to verify AST results obtained on bacteria isolated from patients.
- Describe effective reporting of AST test results.

AGENDA

8:30 a.m.	Registration
8:50 a.m.	Overview and Opening Remarks
9:00 a.m.	How to Use 2004 NCCLS Standards to Guide AST Decisions in Your Laboratory
10:15 a.m.	Break
10:30 a.m.	What Can We Do With Bacteria That Are Not Addressed in NCCLS Standards?
11:00 a.m.	Gram Positive Bacteria: AST and Verification and Effective Reporting of AST Results
12:00 noon	Lunch
1:30 p.m.	Gram Negative Bacteria: AST and Verification and Effective Reporting of AST Results
3:00 p.m.	Break
3:15 p.m.	QA/QC of Antimicrobial Susceptibility Tests and Reports
4:00 p.m.	Discussion; Evaluation; Closing Remarks
4:15 p.m.	Adjourn

Continuing education credit will be offered, based on 5 hours of instruction.

PRESENTER

Ms. Janet Hindler is a Senior Specialist in Clinical Microbiology for the Division of Laboratory Medicine at UCLA Medical Center in Los Angeles, California. She is working this year with the Centers for Disease Control and Prevention (CDC), Division of Laboratory Systems, through an Interagency Personnel Agreement, to develop and conduct training on antimicrobial susceptibility testing.

REGISTRATION

Workshop registration fee: \$35.00

(Fee covers workshop, handout materials, lunch, and break.)

Pre-registration is required.

Registration Deadline:

Two weeks prior to each program

Cancellations received in writing 72 hours in advance of the workshop will be refunded, less a \$10.00 processing fee. Confirmation letter, confirmation number, and map will be sent upon receipt of completed application and payment.

HOW TO REGISTER

(MW2704, MW2804, MW3004, MW3404)

- Complete the attached registration form. Be sure to indicate the workshop site you will be attending!
- Make check payable to **APHL** (Association of Public Health Laboratories), or complete credit card authorization form accompanying the application form.
- Register by mail or fax as follows:

Mail or fax completed application form and payment (either check or credit card form) to-

NLTN Chicago Office
2121 W. Taylor St.
Chicago, IL 60612
Fax: 312-793-3304

Questions?

Contact Kim Davis by phone (312-793-3306) or e-mail: kdavis@idph.state.il.us

SPECIAL NEEDS

In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations must notify the NLTN office (phone 312-793-3306 or fax 312-793-3304) no later than one month prior to the date of each program.

National Laboratory Training Network Registration Form

From Approved
OMB No. 0920-0017
Exp. Date 06/30/06

(Please type or print.)

Training Event Title:		
Important Considerations for the Detection and Reporting of Antibacterial Resistance		
Event Code: MW2704 / MW2804 / MW3004 / MW3404	Date: March 30, 2004 / April 1, 2004 April 20, 2004 / May 12, 2004	Location: Midwest City, OK / Dallas, TX Iowa City, IA / Houston, TX
Applicant Information		
(Dr./Mr./Miss./ Ms./Mrs.)	First Name:	M.I. Last Name:
Employer's Name:		Position Title:
Mailing Address: (Please specify, Employer's or your Home address?)		
City	State/Country	Zip/Postal Code
Work Phone Number:		Work Fax Number:
E-mail Address: (E-mail future training event notifications? Please circle, YES or NO.)		
Signature of Applicant:		Date:

IMPORTANT! PLEASE INDICATE THE SITE AND DATE YOU WILL ATTEND.

___ March 30, 2004 (MW2704) ___ April 1, 2004 (MW2804) ___ April 20, 2004 (MW3004) ___ May 12, 2004 (MW3404)
 Midwest City, OK Dallas, TX Iowa City, IA Houston, TX

(Please review all options in the three categories before circling the one most appropriate in each category.)

Occupation Physician 01 Veterinarian 02 Laboratorian 04 Nursing Professional 05 Sanitarian 06 Administrator 08 Safety Professional 11 Educator 13 Epidemiologist 14 Environmental Scientist 15 Other _____ 12	Education Level (Highest Completed) Degree Associate 04 Bachelor 05 Masters 06 Doctoral (M.D.) 07 Doctoral (Other than M.D.) 08 Technical/Hospital School 09 Some College 03 High School Graduate 02 Some High School 01 Other _____ 10	Type of Employer Health Department (State or Territorial) 01 Health Department (Local, City or County) 03 Government (Other Local, not City or County) 04 Centers for Disease Control and Prevention 05 U.S. Food and Drug Administration 09 U.S. Department of Defense 11 Veterans Administration Medical Center/Hospital 12 Other (Federal Employer) _____ 15 Foreign 16 College or University 19 Private Industry 21 Private Clinical Laboratory 23 Physician's Office Laboratory/Group Practice 24 Hospital (Private Community) 17 Hospital (Other) 33 State Funded Hospital 25 City or County Funded Hospital 26 Health Maintenance Organization 28 Non-profit 31 Unemployed or Retired 32 Other _____ 30
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The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ASTDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC 32.1 (Rev. 6/17/2003)

REGISTRATION FEE: \$ 35 .00

- ☐ Enclosed is a check or money order payable to APHL (Association of Public Health Laboratories).
☐ Bill my credit card. ☐ Visa ☐ MasterCard ☐ American Express

Card Holder's Name	Card Number
Address	Expiration Date
City, State, Zip	Amount of Payment
Signature	Date

Please submit this registration form by mail or fax (312-793-3304) to:

National Laboratory Training Network, Attn: Kim Davis
 2121 West Taylor St, Chicago, IL 60612 Questions? 312-793-3306 or kdavis@idph.state.il.us